STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155200	A. BUILDING 01 B. WING	07/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY NURSING CENTER	1564 S UNIVERSITY BLVD UPLAND, IN 46989

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/30/12 and a Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/16/12 Facility Number: 000107 Provider Number: 155200 AIM Number: 100290330 Surveyor: Amy Kelley, Life Safety Code Specialist At this PSR survey, University Nursing Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.	K0000	Ms. Rhoades, Please view the attached plan of correction for the Life Safety Code visit conducted at University Nursing Center on 7/16/12. Proof of installation will be provided via email to Dennis Austill as asked in the letter. Thank you. Stephanie Allen, HFA Executive Director University Nursing Center	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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	This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Only resident rooms 115 and 303 were provided with battery operated smoke detectors. The remaining resident rooms lacked smoke detectors at this time. The facility has a capacity of 75 and had a census of 51 at the time of this survey. The facility was found not in compliance with state law in regard to smoke detector coverage. The facility was found in compliance with state law in regard to sprinkler coverage. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/23/12. The facility was found not in compliance with the aforementioned regulatory			

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	requirements as evidenced by the following:			

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K9999	State Findings 3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS 3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following: (1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012. (2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012. (3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012. This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to install smoke detectors in each resident's room before July 1, 2012. This deficient practice	K9999	What corrective actions will be accomplished for those residents found to have been affected ny the deficient practice?Smoke detectors will be installed in all resident rooms by 8/15/2012.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents could have been affected by the deficiency. Smoke detectors will be installed in all resident rooms by 8/15/2012.What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?Smoke detectors will be installed by 8/15/12. Maintenance Director, or designee, will check all rooms for smoke detector placement after installation monthly x 6 months with results to CQI. Sensitivity will be inspected biennially every odd year in May with results to CQI.How the corrective action will be monitored to ensure the deficient practice will not recure?Maintenance Director, or designee, will check all rooms for smoke detector placement after installation monthly x 6 months with results to CQI. Sensitivity will be inspected biennially every odd year in May with results to CQI.By what date the systemic changes will be completed?8/15/12	08/15/2012

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	could affect at least 47 residents in the facility. Findings include: Based on observations with the Maintenance Supervisor on 07/16/12 from 3:30 p.m. to 5:07 p.m., with the exception of resident rooms 115 and 303, the remaining resident rooms were not provided with smoke detectors. Based on interview during the time of observations, the Maintenance Supervisor acknowledged not all the resident rooms were provided with smoke detectors. 3.1-19(ff)			